

JOHN BARBER

#0503340152

W.V.D.C.#5-D-8

9500 N.ETIWANDA AVE.

RANCHO CUCAMONGA CA.91739

E-filing

DECLARATION

SBA

ATT:

SENATOR DIANNE FEINSTEIN

U.S.SENATE

331 HART SENATE OFFICE BUILDING

WASHINGTON,D.C.20510

U.S.DEPARTMENT OF JUSTICE

U.S.ATTORNEY

CENTRAL DISTRICT OF CALIFORNIA

1200 UNITED STATES COURTHOUSE

312 N.SPRING ST.

LA.CA.90012

GOVERNOR SCHWARZENEGGER

801 CAPITOL MAIL

SACRAMENTO CA.95814

PROSPECTIVE DEFENSE ATTORNEY[S].

FILED
MAR 19 2008
RICHARD W. WIEKING
CLERK, U.S. DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

555
new

[Signature]

CV 08

1526

(PR)

08-1506SBA

1 COMES NOW JOHN BARBER, BEING DULY SWORN DEPOSES AND STATES:

2
3 1) THAT, BY THIS DECLARATION AND ATTACHED VERIFIED STATEMENT AND
4 EXHIBITS, I, JOHN BARBER, PETITION TO NAMED OFFICERS OF GOVERNMENT,
5 FOR REDRESS PURSUANT TO THE CALIFORNIA CONSTITUTION ART. I. §3.

6
7 2) THAT, PETITIONER SEEK REDRESS FROM THE CONTINUED EFFECTS OF A
8 HATE CRIME, INITIATED UNDER THE COLOR OF AUTHORITY; AND GOVERNMENTAL
9 MALICIOUS, CORRUPT WILLFUL MISCONDUCT, DESIGNED TO DISSUADE AND/OR
10 OBSTRUCT JUSTICE IN VIOLATION OF THE 5th, 14th AMENDMENTS TO THE
11 U.S. CONSTITUTION.

12
13 3) THAT, PETITIONER HAVE RESPECTED THE CHAIN OF COMMAND IN RESPECT
14 TO SEEKING REDRESS BY: (a) PETITIONING LOCAL GOVERNMENT; HOWEVER
15 SUCH EFFORTS HAVE BEEN FRUITLESS... BECAUSE (1) THE LOCAL GOVERNMENT
16 ARE A DIRECT PARTY TO THE COMPLAINT; (2) THE LOCAL GOVERNMENT HAS
17 A POLITICAL, FINANCIAL OR SOCIAL INTEREST IN DIRECT CONFLICT WITH
18 THEIR MANDATORY OBLIGATIONS AND RESPONSIBILITY.

19
20 I DECLARE THE FOREGOING IS TRUE AND CORRECT.

21 DATE 3/3 2008


DECLARANT/PROSE

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V E R I F I E D S T A T E M E N T
O F
F A C T S

ON 8/5/2004, JOHN BARBER, WAS SOUGHT OUT FOR OPPRESSIVE, DISCRIMINATORY TREATMENT BASED ON RELIGION, (ISLAM), BY A UNIFORMED CORRECTIONAL STAFF, (EUGENE WARFIELD), WHOM WAS AN EMPLOYEE OF DESERT VIEW, A PRIVATE PRISON, UNDER CONTRACT AND DIRECT SUPERVISION OF THE STATE OF CALIFORNIA DEPARTMENT OF CORRECTION.

ON THE DAY IN QUESTION BARBER, REPORTED (WARFIELD), TO THE C.D.C. SGT. ISAAC, #33266, FOR HARASSMENT AND PROHIBITING BARBER, FOR HAVING A POCKET SIZE HOLY QUR'AN. APPROXIMATELY 45 MINUTES AFTER THE COMPLAINT WAS LODGE, WARFIELD LIED AND WAITED IN PROXIMITY OF THE REGULAR WEEKLY ISLAMIC SERVICES WHERE BARBER FREQUENTED AN UPON CONTACT INITIATED UNNECESSARY EXCESSIVE FORCE TO WIT HE USED A LARGE METAL FLASHLIGHT AS A WEAPON IN AN UNLAWFUL ATTEMPT TO STRIKE BARBER IN THE HEAD. THE FOREGOING ACTION TRANSPIRED IN THE MAIN HALLWAY OF THE INSTITUTION IN PLAIN NON OBSTRUCTED VIEW OF THE STATIONARY VIDEO MONITORING CAMERA AND IN THE PRESENCE OF SEVERAL MATERIAL WITNESSES.

IN A CORRUPT ACT TO MINIMIZE THE HATE CRIME, THE INSTITUTION OFFICIALS INTENTIONALLY SUPPRESSED, DESTROYED OR CONCEALED THE RELEVANT MATERIAL EVIDENCE OF THE VIDEO TAPE, AND FILE KNOWN FALSE STATEMENTS INDICATING THAT WARFIELD HAD NO HISTORY OF SUCH DISCRIMINATORY BEHAVIORS...WHEN IN FACT WARFIELD HAD COMPLAINTS LODGE AGAINST HIM FOR ANTAGONIZING MUSLIM SINCE 2002 AND HIS

1 IMMETHEN SUPERVISOR SGT.CROSTHWAIT,FILED A MEMO WARNING THE
2 INSTUTION OFFICIALS THAT "WARFIELD CONTINUE TO ACT WITH HOSTILITY
3 AND INTIMIDATION OF INMATES IN SUCH A MANNER AS TO PROVOKE VIOLENCE
4 DATED 2000. (PLEASE SEE EXHIBIT A)

5
6 IN 3/2005 BARBER,WAS BROUGHT BEFORE THE COURT ON A ONE COUNT
7 COMPLAINT ALLEGING P.C..§4501.5 BATTERY ON THE PERSON OF WARFIELD
8 A NON PRISONER. SUBSEQUENTLY BARBER,ASSERTED A DISCRIMINATORY
9 AND SELF-DEFENSE, UPON REFUSAL OF A PLEA AGREEMENT 13 MONTHS AFTER
10 THE PROSECUTION BEGAIN THE THEN PROSECUTOR AMENDED THE COMPLAINT
11 AS A TOOL TO DISSUADE OR PUNISH BARBER,FOR EXERCISING HIS RIGHTS,
12 AND HE HAS AMENDED THE COMPLAINT AND OR INFORMATION FIVE SUCCESSIVE
13 TIMES INCREASING THE PUNISH IN INCREMENTS AND CHARGING CRIMES HE
14 KNEW OR SHOULD HAVE KNOWN DID NOT HAPPEN.

15 (PLEASE SEE EXHIBIT B)

16
17 IN DIRECT CONFLICT WITH THE PROSECUTIONS CONSTITUTIONAL DUTY,
18 THE PROSECUTOR INITIATED A PROSECUTION WITHOUT PROBABLE OR REASON-
19 ABLE CAUSE AND ALLOWED KNOW FALSE FACT TO BE PRESENTED TO THE
20 COURTS,WHERE IN RESPECT TO THE NEW ALLEGED VICTIM GALE AMPARAN.
21 SHE FILED A MEDICAL CLAIM INDICATING IN PERTINENT PART SHE INJURED
22 HER RT.HAND AND HAD NUMBNESS AND TINGLING IN THAT HAND,ON 8/6/2004
23 AND INJURY INVESTIGATIONS WAS DONE COMPLETE WIT PHOTO OF THE
24 ALLEGED INJURE,HOWEVER 34 DAYS LATER SHE INDICATE IT WAS HER LEFT
25 HAND AND SUSEQUENTLY TESTIFIED UNDER THE PENALTY OF PERJURY.
26 ON 9/8/2004 THE WORKER COMPENSATION SPECIALIST DIADONOSIS WAS
27 RADICULOPATHY LEFT UPPER EXTREMITY SECONDARY TO BRANCHIAL PLEXUS
28 ENTRAPMENT OR DEGENERATIVE DISC DISEASE.

1 ALTHOUGH AMPARAM, KNEW SHE WAS RECEIVING TREATMENT FOR SUCH PRIOR
2 TO THE DAY IN QUESTION SHE ATTRIBUTED THAT TO BARBER, MOREOVER
3 SHE DISPLAYED A CLEAR PATTERN OF SUCH DECEITFULNESS WHERE SHE
4 ALSO ATTRIBUTED A PRIOR WHIPLASH SUSTAINED IN 1999 TO BARBER
5 SEE REPORTS TRANSCRIPT 10/19/2005 PG#25 LN.#27 PG#26 LN#4
6 (PLEASE SEE EXHIBIT C)

7
8 BASED ON A FINANCIAL AND ENTITY AGREEMENT BETWEEN THE COUNTY
9 OF SAN BERNARDINO AND THE PRIVATE INSTITUTION OWNERS, THE THEN
10 PROSECUTOR USED CORRUPT CRIMINAL ACTIVITY IN AN ATTEMPT TO
11 CONCEAL RELEVANT MATERIAL EVIDENCE THAT WOULD HAVE EXONERATED
12 BARBER... MOREOVER HE EMPLOYED THE ASSISTANCE OF BARBERS COURT
13 APPOINTED DEFENSE INVESTIGATOR LEROY MILTON TO AIDE THE CRIMES
14 WHERE ON 5/9/2007 THE DA AND INVESTIGATOR ALLEGED WENT TO THE
15 INSTITUTION TO PROVIDE INFORMATION OF THE VIDEO CAMERA IN THE
16 MAIN HALLWAY. IN WHICH THEY PROVIDED PHOTO AND "OUT RIGHT LIED TO
17 THE COURT THAT" THERE WAS NO CAMERA IN THE MAIN HALLWAY OF THE
18 INSTITUTION" AND UPON BARBER SUBPEONING A WITNESS (SGT. ISAAC)
19 WHOM WAS PART OF THE INVESTIGATION TESTIFIED THAT THE DAY OF THE
20 INVESTIGATION THERE WAS A CAMERA IN THE MAIN HALLWAY OF THE
21 INSTITUTION.

22 (PLEASE SEE COMPLAINT FILED 12/3/2007 PG#6-7/COLOR PHOTO[S]
23 REPORT TRANSCRIPT 5/11/2007 PG#26 LN#1-9/REPORT TRANSCRIPT 10/26/07
24 PG#8 LN#14-PG#10 LN#9 MARKED EXHIBIT D)

25
26 ON 5/9/2007 DURING AN INVESTIGATION CONDUCTED BY THE PROSECUTION
27 AND DEFENSE INVESTIGATOR ON AUDIO TAPE SGT. ISAAC, STATED:
28 ON 8/5/2004 PRIOR TO THE ALTERCATION BARBER APPROACHED HIM

1 COMPLAINTING THAT WARFIELD WAS DISRESPECTING AND HARASSING HIM
2 ABOUT HIS POCKET SIZE HOLY QUR'AN,AND HE WANTED TO STOP...BARBER
3 SAID HE HAD A LOT OF THINGS GOING ON,ON THE OUTSIDE AND DID NOT
4 WANTED TO CATCH ANY MORE TIME...SGT ISAAC STATES:I ASK BARBER TO
5 LET ME SEE HIS HOLY QUR'AN,AND HE DID,I THEN CONTACTED GALE AMPARAN
6 WHO WAS WARFIELDS WATCH COMMANDER AND WE AGREED BARBER SHOULD BE
7 ABLE TO HAVE HIS QUR'AN..,MOREOVER SGT.ISAAC INDICATED THAT:
8 IT WAS A WELL KNOWN FACT ABOUT HOW WARFIELD TREATED THE INMATES
9 AND AT ONE POINT THERE WAS SO MANY COMPLAINTS WARFIELD HAD TO BE
10 PLACED OUTSIDE THE PRISON TO WORK TO BE KEPT AWAY FROM INMATES.
11 (PLEASE SEE AUDIO INTERVIEW TAPE BY REQUEST 5/9/2007)

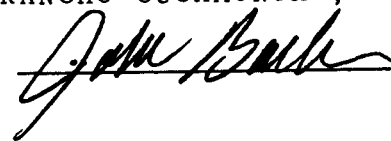
12
13 PETITIONER ASSERT THE FOREGOING ACTION WAS AND IS A HATE CRIME
14 BASED ON RELIGION...THE INSTITUTION HAS NEVER ALLEGED THAT BARBER
15 VIOLATED ANY RULES OR LAWS THAT WOULD SUBJECT TO LAW ENFORCEMENT
16 ACTION.BARBER WAS A DISCIPLINARY FREE INMATE AND A NEW ARRIVIAL
17 AT THE INSTITUTION APPROXIMATELY 18 DAYS PRIOR TO THE DAY IN
18 QUESTION,AND HAS REMAINED IN CUSTODY 3 YEARS AFTER THE DAY IN
19 QUESTION DISCIPLINARY FREE...WHILE THE PROSECUTOR SEEK TO TAKE
20 HIS LIFE AS A CORRUPT FAVOR TO THE ENTITY IN WHICH IS A FINANCIAL
21 INTEREST. IF THE PROSECUTORS HAS VOWED TO PREVENT CRIME BY
22 COMMITTING CRIMES,PETITIONER ASK BUT ONE QUESTION "WHOM WILL WATCH
23 THE PROSECUTORS? THERE IS AN ONING PROBLEM IN SAN BERNARDINO
24 COUNTY WITH AN OVER ZEALOUS WILLINGNESS TO CONVICT PEOPLE OF
25 COLOR EVEN BY COMMITTING CRIMES.

V E R I F I C A T I O N

1
2 I JOHN BARBER, AM A DIRECT PARTY TO THE WITHIN ACTION.

3 I HAVE PERSONAL KNOWLEDGE OF THE STATEMENT[S] ASSERTED IN THE
4 ABOVE DOCUMENT, BASED ON THAT PERSONAL KNOWLEDGE, I BELIEVE THE SAME
5 TO BE TRUE AND CORRECT AND TO SUCH I AFFIX MY SIGNATURE, UNDER
6 THE LAWS OF PENALTY OF PERJURY IN THE STATE OF CALIFORNIA THIS
7 3rd DAY OF MARCH 2008, IN THE CITY OF RANCHO CUCAMONGA, COUNTY OF
8 SAN BERNARDINO.

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SBA

CV 08

1526

(PR)

Exhibit A



Desert View
Modified Community Correctional Facility


www.thegeo-group.com

February 9, 2006

Mr. David Foy
Deputy District Attorney
County of San Bernardino
14455 Civic Drive
Victorville, CA 92392

Re: People of the State of California vs John Barber
Case No. FVI 020303
Order for Production of Medical Records and Disciplinary Records


Dear Mr. Foy:

With regard to the Order for Production of Medical Records and Disciplinary Records for Gale Amparan and E. L. Warfield, I have reviewed all disciplinary records on file. This letter will serve as confirmation of no record of discipline on file for either party.

All medical records on file with Desert View MCCF for Gale Amparan and E. L. Warfield are attached as requested.

If I can be of any further assistance, please advise.

Sincerely,


Gerardo Acevedo
Facility Administrator

GA:jo

Enclosures

February 6, 2003

(308) 9448878

REF: WARFIELD, Eugene Lee
AKA: Eugene Lee Lewis
SSN: [REDACTED]
EMPLOYMENT DATES: 04/1999
TO: Present

Wackenhut Corp.
Attn: Personnel
1 [REDACTED]

FILE NO. SFO/[REDACTED]

We have been informed that the person listed above was/is employed by you and you have knowledge of the applicant's character and qualifications. The Department of Corrections, in an effort to select personnel who will maintain the high standards of performance required of this position, requests your assistance in helping us determine the suitability of this person by completing this questionnaire. A self addressed envelope requiring no postage is enclosed for your convenience.

Thank you for your cooperation and prompt reply to this request. *Background Investigation Section*

Between what dates did the applicant work for you? FROM 4/26/99 TO Present

NAME OF COMPANY: Desert View MCCF

ADDRESS: 10450 Rancho Rd. Adelanto PHONE: (760) 246-1171

Describe the applicant's position and duties: Responsible for the care, control, safety and security of inmates incarcerated at this facility.

How did applicant react to company policy, rules and procedures?

☒ COMPLIED FULLY ☐ USUALLY COOPERATED ☐ RESISTED ☐ DISOBEYED

COMMENTS: _____

How would you rate the applicant's job performance?

☐ OUTSTANDING ☐ EXCELLENT ☒ SATISFACTORY ☐ UNSATISFACTORY

COMMENTS: _____

Please check any problems affecting applicant's work:

☐ DOMESTIC TROUBLES ☐ ABSENCE OR TARDINESS ☐ UNABLE TO FOLLOW INSTRUCTIONS
☐ INABILITY TO GET ALONG ☐ DISCIPLINARY PROBLEMS ☐ ALCOHOL OR DRUG ABUSE

COMMENTS: None to my knowledge

Has the applicant ever been reprimanded or the subject of any adverse action?

☐ NO ☒ YES

To your knowledge, has the applicant been involved in any illegal conduct?

☒ NO ☐ YES

Would you trust the applicant with confidential matters?

☒ YES ☐ NO

Does applicant lose his/her temper easily?

☒ NO ☐ YES

Is applicant able to make decisions under stress?

☒ YES ☐ NO

Why did applicant leave this job? Still employed

Would you rehire applicant?

☒ YES ☐ NO If not, why?

SIGNATURE

TITLE

DATE

ATTACH ADDITIONAL SHEETS FOR COMMENTS/EXPLANATIONS IF NEEDED

Re: Eugene Warfield

04/01/2006

Levister - Page A-2

CRAWFORD & COMPANY

APR 10 2006

FRESNO

Desert View Community Correctional Facility/GEO Group, Inc., Facility Administrator Gerald Acevedo's 10/2003 job title "Correctional Officer" was reviewed.

02/24/2000 and other memorandum from Sergeant Crosthwait, regarding conflict between two officers and other memos were reviewed. He noted that Officer Warfield has continually shown hostility and intimidation in such a way as to provoke inmates towards violence and/or serious injury of this institution.

* * *

03/22/2002 Memorandum from C/O McManus was reviewed.

* * *

Records were preliminarily reviewed and outlined by Ms. Alicia Garcia. This data was re-reviewed and the outline was expanded upon by this reporter.

03/23/05 Letter from A. Benjamin Ph.D. noting that all parties should know by now that Mr. Warfield has been found to have had a heart attack. Underwent a pre-op and EKG revealed he had sustained a myocardial infarction.

12/13/04 Psychiatric Evaluation. Impression: Axis I: Post-traumatic stress disorder, secondary to industrial incident August 5, 2004. Axis II: N/A. Axis III: N/A. Axis IV: Industrial Incident of August 5, 2004. Axis V: GAF - 55. J. Kohut, M.D.

08/05/04 Emergency Room Record. Punched in mouth by inmate. Blood pressure 166/103, pulse 116, respirations 16, weight 200. Impression: Facial trauma. Maxillary fracture. Several avulsed teeth.

Doctor's First Report of Occupational Injury. Date of injury: 08/06/04. Date of first examination: 08/06/04. R. Pilbe, M.D.

Doctor's First Report of Occupational Injury. Date of injury: 08/05/04. Date of first examination: 08/05/04. Physically assaulted by inmate, hit repeatedly in the face by both of his fists. Status post trauma, no damage to eyes found.

5/5/06

1

VICTORVILLE, CALIFORNIA; FRIDAY, MAY 5, 2006

DEPARTMENT NO. V-4

HON. **STEPHEN H. ASHWORTH**, JUDGE

APPEARANCES:

(Defendant, In Propria Persona,
with his Investigator, LEROY MILTON;
DAVID FOY, Deputy District Attorney,
representing the People of the State
of California.)

(Brenda Bennett, C.S.R., Official Reporter,
C-11830)

THE COURT: Are we ready on Mr. Barber's case?

MR. FOY: I am.

THE COURT: Well, announce your appearances,
Mr. Foy.

MR. FOY: David Foy representing the People.

THE COURT: Mr. Barber is here representing
himself, with his investigator.

MR. FOY: Your Honor, we're here --

THE COURT: Where we left off is we were still
hoping to get some information from CDC; right?

MR. FOY: Yes. I -- for the record, I had
requested some copies of, I guess they call them 602
appeals from any -- basically, appeals, related to the two
victims, Officer Warfield and Lieutenant -- or now Captain
Apperan, A-p-p-e-r-a-n.

I was informed -- I got a memo from correctional

5/5/06

2

1 counsel -- or T. Lansend, who is a sworn peace officer.
2 There is none on Lieutenant Apperan. There's two on victim
3 Officer Warfield. One of these two was an appeal filed by
4 the defendant; we already have copies of that. He's got
5 his; I got another one. There is another additional one
6 that we were not aware of, apparently the complaint was
7 filed in 2002, against Officer Warfield. And I suppose it
8 is conceivably relevant and I need to turn it over.

9 The only thing I have a concern about, your Honor,
10 is I'm concerned that the defendant has taken advantage of
11 his status as a pro per inmate to post on the internet
12 confidential medical information belonging to the victim --
13 one of the victims in this case. It was brought to my
14 attention by Captain Apperan that there's some website,
15 like prison rights website, where it says there's a posting
16 by someone who appears to be this defendant, because it
17 discusses the facts in the case, and includes information
18 that was provided to this defendant through discovery. It
19 was medical records relating to Captain Apperan in this
20 website, and a copy of it was printed out and faxed to me
21 by Captain Apperan, and I have a copy for the Court and a
22 copy for the defendant. Although, he wrote it so he should
23 be familiar with it.

24 But in this website posting, although it's written
25 anonymously, it very much appears to be this case and this
26 defendant. And he makes reference to medical information
27 that was contained in the reports that were given to him.
28 These are confidential medical records. They are -- I

State of California

A-13

Department of Corrections

Memorandum

Date : December 17, 2004

To : Warden Gerardo Acevedo
Desert View Modified Community Correctional Facility

Subject: **ALLEGATIONS OF STAFF MISCONDUCT**

Attached is a letter addressed to CDC Director Woodford regarding allegations of misconduct by GEO Group staff assigned to Desert View Modified Community Correctional Facility (DVMCCF). This letter was written by Inmate John Barber, CDC# V-24899, who was previously housed at DVMCCF. The letter has been forwarded to my office with instructions to ensure that the allegations outlined in the letter are reviewed and investigated. In addition, a written response has been requested to close the matter.

As the allegations involve GEO Group staff, I am requesting that you conduct an inquiry into this matter and respond in writing to my office no later than December 29, 2004. If you have further questions regarding this matter, or if I can be of assistance, please feel free to contact me at extension 118.


D.B. LONG

Facility Captain

Adelanto CCF / MCCF Complex

A-12 2pgs

To,

[REDACTED]
[REDACTED]
The Director of Corrections
Tennille Woodford
[REDACTED]
[REDACTED]

My Name is John Barber.
I'm appealing to the integrity of your
office for redress.
On August 5, 2004, at Desert View, Meet
I was the victim of employee -
misconduct. GEO Staff, Eugene Warfield
Badge #3940 ID#2140 While under the
Color of Authority did deviate from
all Departmental procedures to articulate
his personal discriminatory agenda toward
those of the Islamic Faith. This unbecom-
ing ordeal subverted by a physical altercation,
"endangering the lives of others."
The magnitude of this affair was
persevered by electronic surveillance.
However by some unethical turn of
fate the relevant information have
been made unavailable. An objective
view of all documentation, synopsis/summary
#837-A1 and Crime/Incident Report 837-3
will reveal these pertinent facts.
1) GEO Staff Member Collaborated on the
falsification of documents.

A -12

(2) GEO Staff Members did willfully violate The Department Operations procedures on The Handling of Evidence.

(3) GEO Staff Members did willfully violate The procedures for Reporting Fight (Ascertain All witnesses).

(4) GEO Staff Members did willfully violate The procedures on minimize The Need of Physical Force (mechanical restraints).

What is most disenchaining, I've been inform by The Senior Hearing officer, That The officer behavior before This ordeal is unimportant, and The C.D.C. is Not bound by The law "And in The future Short of being Hospitalized, I should allow a officer to do what ever there going to do to me, because I can't win!"

I understand that as convicted And we've less certain rights, does That include The right to exist with Human dignity? or Have I forfeited my right to safety?

I humbly request your sense of fair dealing in Resolving This matter

Thank you

John Raxbee V-24889

226 1126 C

44750 60 ST WEST

Los Angeles

MEMORANDUM

GEO
GLOBAL EXPERTISE IN OUTSOURCING
The GEO Group, Inc.
Desert View M.C.C.F.
10450 Rancho Rd
Adelanto, California 92301
www.thegeogroupinc.com

Date: December 28, 2004
To: Gerardo Acevedo, Warden
cc:
From: F. Carter, Captain
RE: INMATE JOHN BARBER, CDC# V24899 INVESTIGATION

As per your directive on December 22, 2004, conduct an investigation into the above matter - pursuit to the complaint filed on November 29, 2004, by Inmate John Barber, CDC#V24899, regarding staff misconduct.

This complaint is in reference to the assault on staff, committed by Inmate J. Barber, on August 8, 2004 at approximately 1914 hours; Incident log number DV-CCF-04-08-21. Inmate Barber is alleging staff misconduct by Officer E. Warfield which resulted in the assault.

Inmate J. Barber's allegations are as follows:

1. I was the victim of Employee misconduct - GEO Staff Eugene Warfield under the color of authority deviated from departmental procedures by showing discrimination towards the Islamic faith which resulted in the physical altercation.
2. GEO Staff members collaborated on the falsification of documents
3. GEO staff willfully violated the department operation procedures on the handling of evidence.
4. GEO staff willfully violated the procedures for reporting a fight (Ascertain all witness)
5. GEO staff willfully violated procedures on minimizing the need of physical force (mechanical restraints)

FINDINGS:

According to all reports relating to this situation, Officer Warfield followed proper policy and procedures. There is nothing in the reports that reflect that Officer Warfield showed any discrimination towards the Islamic faith. Had Inmate Barber experienced any form of discrimination from Officer Warfield or any other GEO staff member, there are appropriate steps to take for properly addressing his concerns such as in the form of a 602 as outlined in CCR§ 3084.2. Further, Inmate Barber failed to follow orders given to him by Officer Warfield and that is why Officer Warfield radioed Lt. Amparan for assistance. After Lt. Amparan arrived on the scene. Inmate Barber still refused to obey orders given to him by Lt. Amparan as outline in Title 15 section 3005(b)(a) (Conduct- Obeying orders & Refrain from behavior which might lead to violence or disorder). Inmate Barber took it upon himself to resolve his problem by using physical force on Officer Warfield.



Finally, all appropriate documents were submitted to the California Department of Corrections and Inmate Barber was found guilty of violating CCR§ 3005(c) for the specific act of Battery on a non-prisoner with serious injury by CDC Lt. Merrick, Senior Hearing Officer on September 30, 2004. CDC Sgt. K. Bell conducted the employee investigation pertaining to a CDC-115 submitted on Inmate Barber, for violation of the Director's Rules, Section 3005(c), staff and inmate witnesses were interviewed and all evidence were collected and submitted according to guidelines. As far as the use of mechanical restraints as outlined in part A1 of the 837 Crime Incident Report, section "USE OF FORCE," staff followed guidelines as outlined in CCR§ 3268.2 (a) (2) (Use of Restraints).

Proof of Service By Mail

I am over the age of 18 and a party / not a party (mark one out) to the cause.

I am a resident of or employed in the county where the mailing occurred. My residence or business address is (specify): MO. GRUNDY NOTARY
24337 KURT CT, MORENO VALLEY CA. 92551

I served the attached: CITIZEN COMPLAINT \$832.5 & AFFIDAVIT

By enclosing true copies in a sealed envelope addressed to each person whose name and address is given below and depositing the envelopes in the United States mail with the postage fully prepaid.

1) Date of deposit:

5/9/2006

2) Place of deposit (city and state):

MORENO VALLEY CA.

NAME AND ADDRESS OF EACH PERSON TO WHOM NOTICE WAS MAILED:

~~DESERT VIEW MCCF STATE PRISON PO. BOX 4000 ADLENTA CA. 92302~~

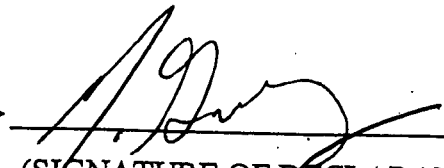
I certify under penalty of perjury that the foregoing is true and correct.

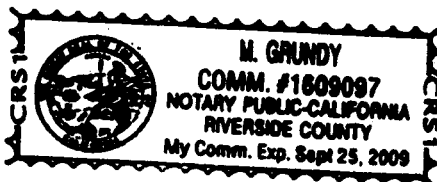
Date:

5/9/2006

► MO GRUNDY, NOTARY

(TYPE OR PRINT NAME)

► 
(SIGNATURE OF DECLARANT)



§ 832.5 CITIZENS' COMPLAINTS AGAINST PERSONNEL INVESTIGATION; DESCRIPTION OF PROCEDURE; RETENTION OF RECORDS

(a) Each department or agency in this state which employs peace officers shall establish a procedure to investigate citizens' complaints against the personnel of such departments or agencies and shall make a written description of the procedure available to the public.

(b) Complaints and any reports or findings relating thereto shall be retained for a period of at least five years. (Added by Stats. 1974, c. 29 §1. Amended by Stats. 1978, c. 630 §4.) (All reference to California Penal Code 1994.)

PERSONNEL COMPLAINT:

Complainant JOHN BARBER

Address 9500 ETIWANDA AVE

City RANCHO CUCAMONGA State CAL. Zip 91739

Residence phone ()

Business phone (760) 241-1101 MPI INVESTIGATIONS

Date and time of incident 8/5/04 TO PRESENT REPRESENTED

Location of incident DESERT VIEW MCCF STATE PRISON

☒ Check only one:

1. ☐ Police Department
2. ☐ California Highway Patrol
3. ☐ U.S. Marshall
4. ☐ Sheriff's Department
5. ☐ Medical Staff
6. ☐ District Attorney
7. ☐ County Grand Jury
8. ☐ Internal Affairs
9. ☒ Department of Corrections
10. ☐ Bar Association

Personnel involved GEO STAFF/ EUGINE WARFIELD #3840/ G. AMPARAN

DESERT VIEW MCCF STATE PRISON.

Names and addresses of witnesses CDC SGT. LSAAC #3266 10450 RANCHO RD. ADELANTO CA
V. JONES CDC#V 35893, 10450 RANCHO RD. ADELANTO CA.. EZELL CDC#V 14009
44750 60TH.ST WEST LANCASTER CA 95336. L. RICH CDC# D 25651 SAN DIEGO CA
REGION THREE PAROLE (LINDA AZZILAAGA) P. STEWART CDC# V35893

Statement of complaint EUGENE WARFIELD A CUSTODIAL STAFF EMPLOYED BY DESERT VIEW
CONTINUEOUSLY USED THE COLOR OF AUTHORITY TO OPPRESS COMPLAINT BECAUSE OF
COMPLAINANTS RELIGION (ISLAM). WARFIELD ALSO ADMINISTERED UNNESSCARY FORCE
IN A DIRECT AND IMMEDIATE REPRISAL FOR COMPLAINANT REPORTING HIS MISCONDUCT.
WARFIELD ALSO IN CONNECTION TO THE FOREGOING KNOWINGLY FILED A FALSE REPORT.

G. AMPARAN, A COSTODIAL OFFICER AT DESERT VIEW ALSO FILED A FALSE REPORT IN
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DESERT VIEW DID KNOWINGLY AND WILLFULLY CONCEAL MATERIAL EVIDENCE CONCERNING EXCESSIVE FORCE INVOLVING E. WARFIELD AND PREPARED AND FILED FALSE REPORTS WITH THE SUPERIOR COURTS IN THE COUNTY OF SAN BERNARDINO

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FACT NO. 2

G. AMPARAN IN CONNECTION WITH WARFIELD FILED A FALSE REPORT STATING THE COMPLAINANT PICK HER UP WITH ONE HAND AND SLAMMED HER AGAINST THE 'S-20 DOOR, APPROXIMATELY THREE TIMES.

Use additional sheets of 8 1/2"x 11" white paper if necessary. Attach all relevant supporting documentation.)

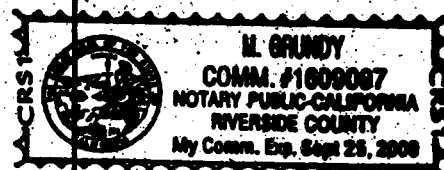
I, the undersigned declare under penalty of perjury under the laws of the State of California that the foregoing complaint is true and correct and as to such facts averred upon information and belief, that I am so informed and believe the same to be true, and affix my signature hereto.

Dated this 9 day of May, 2006

☒ Attachments

No. of pages. (TWO).

(Complainant Signature)



[Handwritten Signature]

1 FACT NO 2 CONT.

2
3 AMPARAN SUBSEQUENTLY FILED A FALSE MEDICAL REPORT STATING, (SHE HURT HER HEAD
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2
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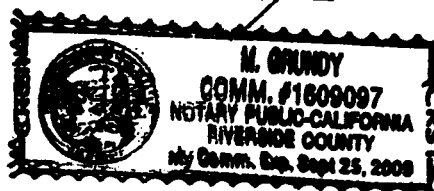
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24 I JOHN BARBER BE THE PARTY EFFECTED BY THE FOREGOING CONTENTIONS HAS READ ALL
25 INFORMATION ASSERTED HERE IN AND SO BELIEVES IT TO BE TRUE BASE ON PERSONAL
26 EXPERINCE, AND DOCUMENTARY EVIDENCE THUS I DECLARE UNDER THE PENALTY OF PERJURY
27 THE FOREGOING IS TRUE THIS 9 DAY OF May 2006

28

WITNESS




DECLARANT

§ 832.5 CITIZENS' COMPLAINTS AGAINST PERSONNEL INVESTIGATION; DESCRIPTION OF PROCEDURE; RETENTION OF RECORDS

(a) Each department or agency in this state which employs peace officers shall establish a procedure to investigate citizens' complaints against the personnel of such departments or agencies and shall make a written description of the procedure available to the public.

(b) Complaints and any reports or findings relating thereto shall be retained for a period of at least five years. (Added by Stats. 1974, c. 29 §1. Amended by Stats. 1978, c. 630 §4.) (All reference to California Penal Code 1994.)

PERSONNEL COMPLAINT:

Complainant JOHN BARBER

Address 9500 ETIWANDA AVE

City RANCHO CUCAMONGA State CAL. Zip 91739

Residence phone ()

Business phone (760) 241-1101 MPI INVESTIGATIONS

Date and time of incident 8/5/04 TO PRESENT REPRESENTED

Location of incident DESERT VIEW MCCF STATE PRISON

☒ Check only one:

1. ☐ Police Department
2. ☐ California Highway Patrol
3. ☐ U.S. Marshall
4. ☐ Sheriff's Department
5. ☐ Medical Staff
6. ☐ District Attorney
7. ☐ County Grand Jury
8. ☐ Internal Affairs
9. ☒ Department of Corrections
10. ☐ Bar Association

Personnel involved GEO STAFF/ EUGINE WARFIELD #3840/ G. AMPARAN

DESERT VIEW MCCF STATE PRISON.

Names and addresses of witnesses CDC SGT. LSAAC #3266 10450 RANCHO RD. ADELANTO CA
V. JONES CDC#V 35893, 10450 RANCHO RD. ADELANTO CA.. EZELL CDC#V 14009
44750 60TH.ST WEST LANCASTER CA 95336. L. RICH CDC# D 25651 SAN DIEGO CA
REGION THREE PAROLE (LINDA AZZLAAGA) P, STEWART CDC# V35893

Statement of complaint EUGENE WARFIELD A CUSTODIAL STAFF EMPLOYED BY DESERT VIEW
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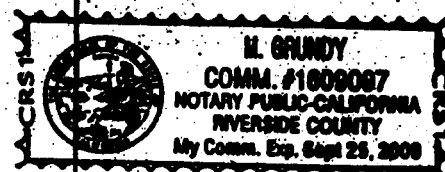
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Dated this 9 day of May, 2006

☒ Attachments

No. of pages . (TWO).

John Smith
(Complainant Signature)



H. Grundy

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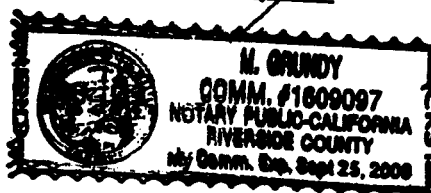
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WITNESS



DECLARANT

EXHIBIT C



STATE OF CALIFORNIA
MEDICAL REPORT OF INJURY
OR UNUSUAL OCCURRENCE

EXHIBIT A-2

DEPARTMENT OF CORRECTIONS

NAME OF INSTITUTION JVMCCF		FACILITY/UNIT Medical		REASON FOR REPORT (circle) INJURY		DATE 8/05/04																																							
THIS SECTION FOR INMATE ONLY		NAME LAST Warfield		FIRST G		CDC NUMBER 2245																																							
THIS SECTION FOR STAFF ONLY		NAME LAST Warfield		FIRST G		Housing Loc. 17																																							
THIS SECTION FOR VISITOR ONLY		NAME LAST Warfield		FIRST G		RANK/CLASS F-5																																							
HOME ADDRESS		CITY		STATE		ZIP																																							
PLACE OF OCCURRENCE Karen Calverton 820		DATE/TIME OF OCCURRENCE 8-5-04		NAME OF WITNESS(ES) C/O Warfield - Chavira		HOME PHONE																																							
TIME NOTIFIED 19:50		TIME SEEN 2025		ESCORTED BY Self		MODE OF ARRIVAL (circle) AMBULATORY																																							
LITTER		WHEELCHAIR		AGE		RACE His																																							
SEX F		BRIEF STATEMENT IN SUBJECT'S WORDS OF THE CIRCUMSTANCES OF THE INJURY OR UNUSUAL OCCURRENCE Inmate Barker CDC # 24899 attempted to assault her, and C/O Warfield placed his hand to block hit. She was thrown up against door 5-20 approx 3 times. Back of head, red, swollen and tingling. C/O of right hand painful.																																											
INJURIES FOUND? YES/NO		<table border="1"> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td><td>17</td><td>18</td><td>19</td></tr> <tr><td>Abuse/Scratch</td><td>Active Bleeding</td><td>Broken Bone</td><td>Bruise/Discolored Area</td><td>Burn</td><td>Dislocation</td><td>Dried Blood</td><td>Fresh Tattoo</td><td>Gun Laceration/Slash</td><td>Gun Spray Area</td><td>Gun</td><td>Injury</td><td>Injury</td><td>Injury</td><td>Injury</td><td>Injury</td><td>Injury</td><td>Injury</td><td>Injury</td></tr> </table>						1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	Abuse/Scratch	Active Bleeding	Broken Bone	Bruise/Discolored Area	Burn	Dislocation	Dried Blood	Fresh Tattoo	Gun Laceration/Slash	Gun Spray Area	Gun	Injury	Injury	Injury	Injury	Injury	Injury	Injury	Injury
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SPRAY EXPOSURE? YES/NO																																													
CONTAMINATED? YES/NO		<p>Plenum pain</p>																																											
Decontamination actions given? YES/NO																																													
Red decontamination? YES/NO																																													
Min. checks																																													
Issued exposure packet? YES/NO																																													
NOTIFIED/TIME 50		PHYSICIAN NOTIFIED/TIME																																											
DISPOSITION 30 Returned to work		REPORT COMPLETED BY/TITLE (PRINT AND SIGN) F. Bell, RN HSA																																											
		BADGE # (RDOs) (76)																																											

1. Why the injury occurred (Determine cause).
2. How a similar injury can be prevented in the future (Corrective Action).

Name: Gale Amparan		SS#: [REDACTED]
Department: Security	Title: Lieutenant	Shift: 2 nd .
Injury Date: 8/5/04	Injury Time: 1930	Report Date: 8/6/04
Exact Location in Facility: Main Corridor		
How: (Detail what employee was doing; how he or she was doing it; and note condition of tools, equipment, & environment.) Lt. Amparan was attempting to subdue an inmate who had hit an Officer.		
What: (What type of injury occurred? What body part was injured?) Alleges: Head, neck, rt. Arm and rt. Knee. Bruises and soreness		
Have similar accidents/incidents occurred involving the same individual or the same location? No		
Witnesses: Officer Eugene Warfield		Evidence: (Photos, measurements, etc.) Photo's were taken

In your opinion what caused the injury? What following component(s) were involved in the cause of the injury? Write components in the appropriate box.

Contributing factors:

Equipment/Environment (e.g. footwear, weather, equipment)	Employee Behaviors (e.g. proper methods, training, deviation from normal task)	Work Process (e.g. job set-up, staffing, methods)
N/A	N/A	
Root Cause: Lt. Amparan was assisting Correctional Officer Warfield subdue an inmate in the main corridor and alleges the above injuries occurred.		

Were appropriate injury reporting procedures followed? YES

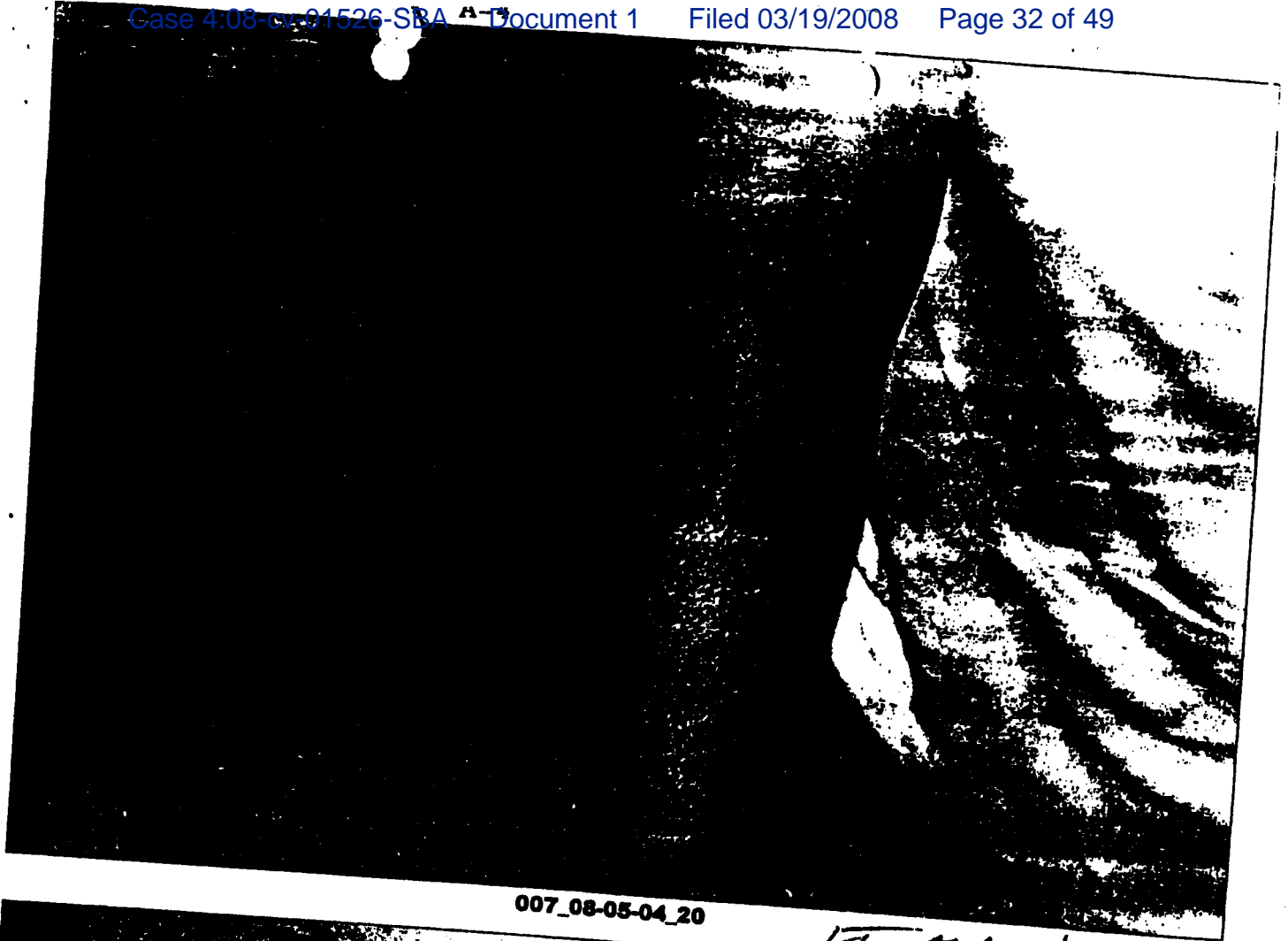
Supervisor notified immediately? <u>Yes</u> No	Reason for Delay: N/A
Workers Comp. Specialist notified immediately? <u>Yes</u> No	
Claim immediately reported to insurance carrier and Corporate? <u>Yes</u> No	
Medical attention: None was given at the time of the incident.	
Investigator: Sgt. Rosier <i>[Signature]</i>	Date: 8/6/04



011_08-05-04_20

LT Amptun.
Back of head
Swollen.

(30)



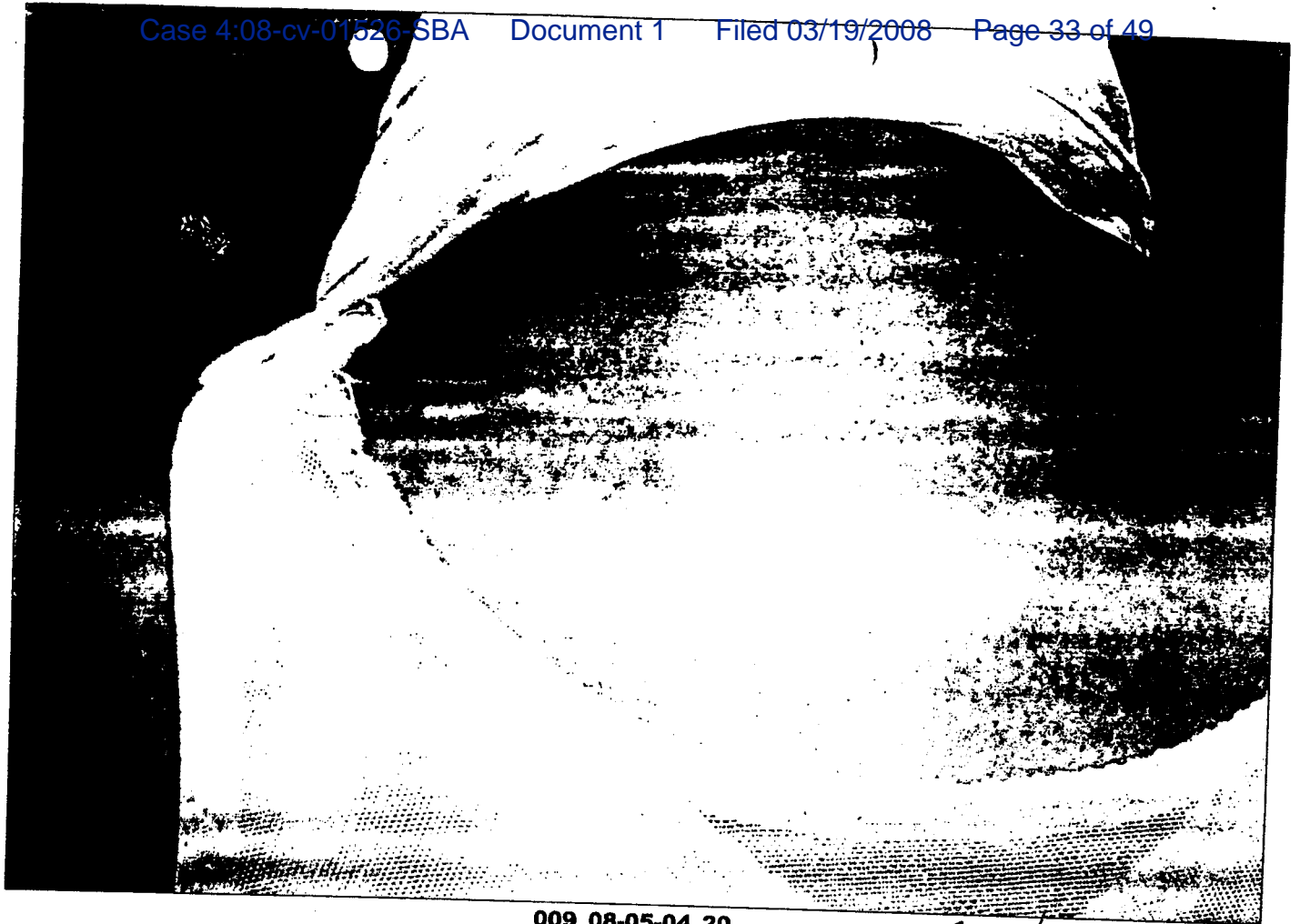
007_08-05-04_20

LT Amptas



008 08-05-04 20

32



009_08-05-04_20

LT AMPARAW



010_08-05-04_20

93

State of California
Department of Industrial Relations
DIVISION OF WORKERS' COMPENSATION



EMPLOYEE'S CLAIM FOR WORKERS' COMPENSATION BENEFITS

If you are injured or become ill because of your job, you may be entitled to workers' compensation benefits.

Complete the "Employee" section and give the form to your employer. Keep the copy marked "Employee's Temporary Receipt" until you receive the dated copy from your employer. You may call the Division of Workers' Compensation at 1-800-736-7401 if you need help in filling out this form or in obtaining your benefits. An explanation of workers' compensation benefits is included on the back of this form.

You should also have received a pamphlet from your employer describing workers' compensation benefits and the procedures to obtain them.

Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony.

Estado de California
Departamento de Relaciones Industriales
DIVISION DE COMPENSACION AL TRABAJADOR

PETICION DEL EMPLEADO PARA BENEFICIOS DE COMPENSACION DEL TRABAJADOR

Si Ud. se ha lesionado o se ha enfermado a causa de su trabajo, Ud. tiene derecho a recibir beneficios de compensación al trabajador.

Complete la sección "Empleado" y entregue la forma a su empleador. Quédese con la copia designada "Recibo Temporal del Empleado" hasta que Ud. reciba la copia fechada de su empleador. Si Ud. necesita ayuda para completar esta forma o para obtener sus beneficios, Ud. puede hablar con la Division de Compensación al Trabajador llamando al 1-800-736-7401. En la parte de atrás de esta forma se encuentra una explicación de los beneficios de compensación al trabajador.

Ud. también debería haber recibido de su empleador un folleto describiendo los beneficios de compensación al trabajador lesionado y los procedimientos para obtenerlos.

Toda aquella persona que a propósito haga o cause que se produzca cualquier declaración o representación material falsa o fraudulenta con el fin de obtener o negar beneficios o pagos de compensación a trabajadores lesionados es culpable de un crimen mayor "felonia".

Employee: Empleado:

1. Name. Nombre. Amparan Gale
2. Home address. Dirección Residencial. 15431 Kiamichi Rd #4
3. City. Ciudad. Apple Valley
4. Date of Injury. Fecha de la lesión (accidente). 8-5-04
5. Address and description of where injury happened. Dirección/Lugar dónde ocurrió el accidente. Desert View MCRF
6. Describe injury and part of body affected. Describa la lesión y parte del cuerpo afectada. Head, neck, back right arm, right knee
7. Social Security Number. Número de Seguro Social del Empleado. 63-05-7133
8. Signature of employee. Firma del empleado. [Signature]

Today's Date. Fecha de Hoy. 8-5-04

State. Estado. CA Zip. Código Postal. 92307

Time of injury. Hora en que ocurrió 1914 a.m./p.m.

Employer - complete this section and give the employee a copy immediately as a receipt.
Empleador - complete esta sección y déle inmediatamente una copia al empleado como recibo.

9. Name of employer. Nombre del empleador. DESERT VIEW MCRF
10. Address. Dirección. [Redacted]
11. Date employer first knew of injury. Fecha en que el empleador supo por primera vez de la lesión o accidente. 8/5/04
12. Date claim form was provided to employee. Fecha en que se le entregó al empleado la petición. 8/5/04
13. Date employer received claim form. Fecha en que el empleado devolvió la petición al empleador. 8/5/04
14. Name and address of insurance carrier or adjusting agency. Nombre y dirección de la compañía de seguros o agencia administradora de seguros. STATE COMPENSATION INSURANCE FUND
15. Insurance Policy Number. El número de la póliza del Seguro. CRAWFORD & Co. PUBOX 24016
16. Signature of employer representative. Firma del representante del empleador. [Signature]
17. Title. Título. HR Specialist
18. Date. Fecha. 8/6/04
19. Telephone. Teléfono. (760) 246-1171

Employer: You are required to date this form and provide copies to your insurer and the claims administrator and to the employee, dependent or representative who filed the claim within one working day of receipt of the form from the employee.

Completing this form is NOT an admission of liability.

Form 3301 (REV. 6-95) - DWC Form 1 (REV. 1-94)

STATE
COMPENSATION
INSURANCE
FUND

Empleador: Se requiere que Ud. feche esta forma y que provea copias a su compañía de seguros, administrador de reclamos, o dependiente/representante de reclamos y al empleado que hayan presentado esta petición dentro del plazo de un día hábil desde el momento de haber sido recibida la forma del empleado.

EL FIRMAR ESTA FORMA NO SIGNIFICA ADMISION DE RESPONSABILIDAD.

DESERT VALLEY MEDICAL GROUP, INC.

INDUSTRIAL MEDICINE CLINIC

Work Status Report

Employee: Gale Amparan Today's Date: 8/14/04
 Company: CCC Desert View Time In: 1:45
 Date of Injury: 8.05.04 Time Out: 2:55
 Diagnosis: Neck strain (R) shoulder strain
 Social Security #: _____

Emergency Dept.
Urgent Care

Work Status: (check all applicable items)

☒ Off work until ☒ Reevaluation ☐ 8/2/04
☐ Modified duty from ☐ today ☐ 1/1
 till ☐ reevaluation ☐ _____

With these restrictions:

- ☐ lifting, pushing, and pulling up to _____ pounds
☐ no stooping, bending, or climbing ladders
☐ sit-down stationary work only
☐ sit down ☐ walk around for _____ min per hour
☐ no machine operation ☐ no reaching above shoulder level
☐ no continuous / repetitious elbow / wrist movements
☐ rest upper extremities for _____ min per hour
☐ no / minimal use of ☐ right ☐ left
☐ upper extremity ☐ thumb
☐ _____ fingers
☐ trial of ergonomic wave keyboard x 2 weeks
☐ no kneeling or squatting ☐ work on ground level only
☐ no driving any / commercial vehicles
☐ drive only automatic transmission vehicles
☐ no work around dust / fumes / chemicals
☐ wear protective eye goggles
☐ wear water-resistant non-allergenic gloves
☐ others _____

☐ Regular duty to start on _____
☒ Return visit in 8/2/04 days / weeks
☐ Discharge on next visit
☐ Return only if medically needed
☐ Follow up with _____

☐ Discharged from our care.

- ☐ No permanent disability anticipated.
☐ Permanent and Stationary. See modified duty restrictions.
☐ Referred to a specialist. Disability status to be determined by specialist.
☐ Patient requests follow-up by own doctor.

Treating Physician's Signature

Request for: ☒ physical / occupational therapy
 _____ x / week for _____ weeks
☐ EMG / Nerve Conduction Velocity Study
☐ CT / MRI / bone scan
☐ referral to _____
 for evaluation and treatment

Other Instructions:

- ☒ take medications as prescribed
☐ start / continue therapy
☐ bedrest on firm mattress for 3 days then progressive ambulation
☒ warm / cold packs as explained
☒ massage affected area(s)
☒ wear device(s) Soft collar for 2 weeks
☐ elevate R L _____ extremity
☐ no weight bearing on R L leg
☐ use crutches / walking cane as explained
☐ drive only vehicles with automatic transmissions ☐ no driving
☐ gentle progressive flexibility and strengthening exercises
☐ keep dressing on and keep clean and dry
☐ wound care as explained
☐ keep eye patch on including during sleep
☒ Others Went to ER
☐ frequent monitoring of mental status
☒ seek urgent emergent care if condition worsens.

I certify that I have been explained the potential side effects of the prescribed and / or over-the-counter medication/s and the other instructions above, that I understand all said to me, and that I have received a copy of this report.

X

Patient's Signature

A/6
3 pages

A Medical Group Inc.

Matthew J. Pautz, D.O., M.S.H.P.E.
Orthopaedic Surgeon

**PRIMARY TREATING PHYSICIAN
WORKER'S COMPENSATION P & S**

DOS: 04/27/05

PATIENT: Amperan, Gale
EMPLOYER: Geo Inc.
DATE INJ: 08/05/04
CLAIM NO: 218344425

INTRODUCTION: The patient presents with chief complaint of neck and periscapular pain.

HISTORY OF INJURY: This is an otherwise healthy 28-year-old right-hand dominant female who works as a correctional attendant for Desert View's Correctional Facility in ~~Alameda~~. She has worked there for the last ~~three years~~. Prior to that she worked in security. She states that she was performing her normal job duties on 08/05/2004 when she was trying to restrain an inmate who was assaulting another staff member, when she grabbed inmate from behind her ~~shoulder~~, the inmate then rammed her into the straight door and after that third time, the door was open. She states that after that, she struck her back and head, injuring her neck. She states that she was seen immediately in the emergency room following the incident and x-rays were taken. No fractures or dislocations were seen. She states she had been hurt in her neck back in 2000 with a whiplash injury involving motor vehicle accident, but this resolved after a week or two and had no symptoms following that. She was treated medically with Skelaxin, Soma, Tylenol #3, and Bextra and had a collar on occasion. But overall she had not really gotten much better. (She states that when she sits for long periods of time, looks down, or with sudden head movements, she will have severe pain in the neck which radiates to the left shoulder blade, arm, and forearm area, occasionally down the forearm to the hand to the ulnar aspect of the hand with numbness and tingling in that area.) She denies bowel or bladder dysfunction. She feels better when she lies down with heating pads. She has no other complaints.

CURRENT COMPLAINTS: Currently, Ms. Amperan states that following the physical therapy, medications, and time, she has only occasional pain in the neck, that actually she has frequent pain but it is mild and controllable with just medications and activity modifications. She states that she still has pain in the neck and periscapular area, but overall it is much improved. She requires regular dose of medications but this controls it quite well.

With Physical therapy

PAST MEDICAL/SOCIAL HISTORY: Significant for asthma. Smokes six cigarettes. She denies alcohol or street drug use.

MEDICATIONS: Skelaxin, Soma, Tylenol #3, and Bextra.

ALLERGIES: Augmentin, amoxicillin, and Ceflor.

FAMILY HISTORY: Heart disease, cancer, and diabetes.

SURGICAL HISTORY: Appendectomy and left knee surgery.

REVIEW OF SYSTEMS: Noncontributory, see HPI.

B17

48

PHYSICAL EXAMINATION**CERVICAL SPINE
RANGE OF MOTION (Active in degrees)****NECK**

	Injured	Uninjured
Flexion	60	70
Extension	30	40
Right Rotation	70	80
Left Rotation	70	80
Right Lateral Bend	30	40
Left Lateral Bend	30	40

MOTOR

	Injured	Uninjured
Shoulder abduction (C5)	5/5	5/5
EPL (C6)	5/5	5/5
Wrist Flexion/Finger Extension/Triceps (C7)	5/5	5/5
Finger Flexion (C8)	5/5	5/5
Finger Abduction/Adduction (T1)	5/5	5/5

SENSATION

	Intact	Intact
Lateral Arm (C5)	Intact	Intact
Radial Forearm, Thumb & Index Finger (C6)	Intact	Intact
Middle Finger (C7)	Intact	Intact
Ulnar Forearm & Little Finger (C8)	Intact	Intact
Medial Upper Arm (T1)	Intact	Intact

Deep Tendon Reflex

	2+	2+
Biceps (C5)	2+	2+
Brachioradialis (C6)	2+	2+
Triceps (C7)	2+	2+

Radial Pulses

Spurling's sign

Hoffmann's sign

	2+	2+
	Negative	Negative
	Negative	Negative

COMMENTS:**REVIEW OF MEDICAL RECORDS:** Approximately 45 minutes were spent reviewing medical records.

1. Dr. Pautz's note, 09/08/04: Diagnosis is cervical radiculopathy, left upper extremity. Recommended Medrol Dosepak, MRI examination, physical therapy, return after MRI.
2. Dr. Pautz's note, 10/04/04: Diagnosis is radiculopathy of left upper extremity, probably secondary to brachial plexus entrapment or degenerative disc disease. Recommended EMG nerve conduction study, physical therapy, and medical treatment. Total temporary disability. Return to clinic after EMG nerve conduction study.
3. Dr. Pautz's note, 09/24/04: Diagnosis is cervical radiculopathy, left upper extremity. Recommended EMG nerve conduction study, physical therapy, and medical treatment. Total temporary disability. Return to clinic after EMG nerve conduction study.
4. Dr. Pautz's note, 11/15/04: Diagnosis is cervical radiculopathy, left upper extremity. Recommended EMG nerve conduction study. Physiotherapy with Dr. Zaccagnin. Return after EMG and nerve conduction study. Total temporary disability.
5. EMG and nerve conduction study, dictated by Dr. Ron Levine, December 17, 2004. Impression is no neuropathy found.
6. Dr. Pautz's note, 02/02/05: Diagnosis is cervical radiculopathy, left upper extremity. Recommended EMG nerve conduction study, physical therapy with Dr. Zaccagnin. Return after EMG and nerve conduction study.
7. Dr. Pautz's note, 03/15/05: Diagnosis is same. Recommended increase activities and physiotherapy with Dr. Zaccagnin, regular duty, medical treatment. I recommended she be referred to Dr. Yalamanchili, cardiologist, as she

May 05 05 12:48p

ORTHOPAEDIC INSTITUTE OF

p.3

has concerns being on Bextra from her neck and arm problems, to make sure that she was not having any adverse effects from the Bextra. She has not yet seen Dr. Yelamanchili. Released back to full duty.

DIAGNOSIS: Brachial plexopathy left upper extremity, improving.

RECOMMENDATIONS: I recommend Ms. Amperan increase her activities gradually as tolerated. I will see her back in the office as needed.

DISABILITY STATUS: Released back to regular duty. The patient is permanent and stationary.

CAUSATION: It does appear in the absence of evidence to the contrary, and given the medical information available to me today, that the patient's current complaints are a direct result of the injuries at work on 08/05/2004.

VOCATIONAL REHABILITATION: Not indicated.

SUBJECTIVE FACTORS OF DISABILITY: Patient complains of frequent mild to occasional moderate pain in the neck and periscapular area with occasional numbness and tingling in her hand.

OBJECTIVE FACTORS OF DISABILITY: None.

WORK RESTRICTIONS: Because of patient's brachial plexopathy, patient will be restricted from lifting anything more than 50 pounds with no use of the left arm for more than 30 minutes at a time without a 5-minute break. No prolonged kneeling, lying more than 30 minutes without a 10-minute break.

FUTURE MEDICAL TREATMENT: I think, in the future Ms. Amperan will require access to medications in the form of anti-inflammatories, muscle relaxants, and mild narcotic pain medications. I have written the prescriptions and she may refill these. I also recommend that she receive medical treatment to follow the potential adverse effects of these medications with a certified family practitioner or a cardiologist. I have recommended Dr. Yelamanchili, otherwise she can see anyone from either her or the carrier's preference, but I do think this is recommended because she needs to be on long-term medications. She also will require additional physical therapy, perhaps as long as for a year for control of her pain. Additional studies may be indicated if her symptoms progress and surgery may be indicated. I will see her back in the office otherwise as needed.

Thank you again for your help with this patient.

If you have any questions or require any clarifications regarding this report, please feel free to contact my office.

DISCLOSURE STATEMENT

I declare under penalty of perjury that I, the signing physician, have actually performed this examination and the time spent in performing this evaluation is in compliance with the IMC Guidelines (Section 5307.1 and 5307.6). I declare under penalty of perjury that I have devoted at least 1/3 of my total practice time to providing medical treatment. I have not violated Labor Code Section 139.3, and the contents of the report and bill are true and correct to the best of my knowledge. This statement is made under penalty of perjury. I declare under penalty of perjury that the information contained in this report and, its attachments, if any, is true and correct to the best of my knowledge and belief, except as to information that I have indicated I received from others. As to that information, I declare under penalty of perjury that this report accurately describes the information provided to me and, except as noted herein, that I believe it to be true.

DATE OF REPORT:

DATED THIS 27th DAY OF APRIL
AT SAN BERNARDINO COUNTY, CA

Sincerely yours,
Matthew J. Pautz, D.O., MSHPE
Qualified Medical Evaluator

Date dictated: 04/27/2005/mps/lkg

SUPERIOR COURT OF THE STATE OF CALIFORNIA
FOR THE COUNTY OF SAN BERNARDINO
DEPARTMENT NO. 2 HON. JOHN TOMBERLIN, JUDGE

THE PEOPLE OF THE STATE OF CALIFORNIA,)

Plaintiff,)

v.)

JOHN BARBER,)

Defendant.)

CASE NO.
FVI-020303

COPY

REPORTER'S TRANSCRIPT OF PRELIMINARY HEARING
WEDNESDAY, OCTOBER 19, 2005

APPEARANCES:

FOR THE PEOPLE:

MICHAEL A. RAMOS
District Attorney
BY: **DAVID FOY**
Deputy
14455 Civic Drive
Victorville, California
92392

For the Defendant:

IN PRO PER

REPORTED BY:

FRANCES M. MACIAS, CSR, RPR.
Official Reporter, C-10918

MASTERAPPEARANCE INDEX

<u>DAY</u>	<u>DATE</u>	<u>SESSION</u>	<u>VOL.</u>	<u>PG.</u>
WEDNESDAY	OCTOBER 19, 2005	A.M.	1	1

WITNESS INDEX

<u>PEOPLE'S WITNESSES</u>	<u>DIRECT</u>	<u>CROSS</u>	<u>REDIRECT</u>	<u>RECROSS</u>	<u>VOL.</u>
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WARFIELD, EUGENE	3	9			1
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AMPARAN, GALE	20	26	40		1
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<u>DEFENSE'S WITNESSES</u>	<u>DIRECT</u>	<u>CROSS</u>	<u>REDIRECT</u>	<u>RECROSS</u>	<u>VOL.</u>
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BARBER, JOHN	42	51			1
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1 MR. FOY: Thank you, your Honor. People call
2 Captain Amparan.

3 THE COURT: Offer of proof?

4 MR. FOY: Count 2 alleges -- or Count 3 and 4,
5 are battery on her. And also we also have to prove GBI
6 on her.

7 THE COURT: Okay.

8 THE BAILIFF: Take the stand.

9 **GALE AMPARAN,**

10 called as a witness on behalf of the People, was sworn
11 and testified as follows:

12 THE CLERK: You do solemnly swear to tell the
13 truth, the whole truth, and nothing but the truth, so
14 help you God?

15 THE WITNESS: Yes, I do.

16 THE CLERK: Thank you. You may be seated.

17 Please state your full name and spell your
18 first and last for the record.

19 THE WITNESS: My full name is Gale Lynn Amparan.
20 First name spelling, G-A-L-E, last name, A-M-P-A-R-A-N.

21 THE COURT: A-M-P-A-R-A-N?

22 THE WITNESS: Yes.

23 THE COURT: And since you said it, how do you
24 spell Lynn?

25 THE WITNESS: L-Y-N-N.

26 THE COURT: Your witness, Mr. Foy.

27 MR. FOY: Thank you, your Honor.

28 **DIRECT EXAMINATION**

1 BY MR. FOY:

2 Q Captain Amparan, on August 5th, 2004, how were
3 you employed?

4 A I was a correctional watch commander,
5 lieutenant at Desert view.

6 Q Desert View MCCF?

7 A Yes.

8 Q And for the record when you seated at counsel
9 table, did you see Officer Warfield testifying?

10 A Yes, I did.

11 Q On that night did you respond to a call for
12 help from Officer Warfield?

13 A Yes, I did.

14 Q And where did you go?

15 THE DEFENDANT: Objection.

16 THE COURT: Just one second.

17 THE DEFENDANT: Objection. There is no
18 statement that it was a call for help. That's leading
19 her. It was never stated.

20 MR. FOY: It's foundational.

21 THE COURT: It might be leading, but I am going
22 to overrule the objection.

23 BY MR. FOY:

24 Q Where did you go to respond to that call?

25 A I walked out of the watch office into the main
26 quarter.

27 Q When you got there, did you see anybody who you
28 see in the courtroom today?

1 A Yes, I saw inmate Barber.

2 Q For the record would you tell the Court where
3 he is seated and describe an article of clothing he's
4 wearing?

5 A He's seated directly next to you on the right,
6 wearing orange (indicating).

7 MR. FOY: Indicating the defendant, your Honor?

8 THE COURT: Yes.

9 BY MR. FOY:

10 Q Who else did you see there?

11 A Officer Warfield.

12 Q What was happening?

13 A As soon as I walked out of the watch office,
14 because I had received a radio call from Officer
15 Warfield, stating he needed assistance in the main
16 corridor, when I called out, I observed inmate Barber
17 walking towards me, and Officer Warfield telling him to
18 stop.

19 Q All right. What happened next?

20 A When inmate Barber saw me walk out he
21 immediately turned around and headed back towards the
22 direction from which he came.

23 Q All right. What happened next?

24 A I asked what was going on -- inmate Barber was
25 yelling that he wanted to see the CDC sergeant. I walked
26 up to the classroom where Officer Warfield had the door
27 opened with his right hand holding the door open so
28 inmate Barber can walk back in. And I said what's going

1 on. You need to calm down, and I will get the CDC
2 sergeant.

3 Inmate Barber was attempting to walk into the
4 classroom and then he would stop and turn around. He
5 pulled his shoulders up and had his fist clenched and he
6 proceeded to use profanity, and I said you need to calm
7 down. At this point inmate Barber screamed, "You want
8 problems?" And he took his step towards me with clinched
9 fist and his shoulders up. I immediately stepped back.

10 Q What happened next?

11 A Inmate Barber again screamed, "You want
12 problems?" And took another step towards me, at which
13 point I feared to even grab for my radio, because I
14 didn't want any sudden movement to cause him to hit me.
15 His lips were snarled and he had a very scary look on his
16 face, I guess you can say.

17 Q What happened next?

18 A Officer Warfield was to my right, holding the
19 door open still with his right hand, and he said, hey --
20 at which point inmate Barber spun around with his right
21 hand and punched Officer Warfield straight in the face,
22 knocking him back. Inmate Barber continued with his left
23 and his right, punching Warfield in the face.

24 Q What were you doing then?

25 A As soon as I came out of the shock of seeing
26 him hit my officer, I grabbed the radio and called the
27 code black which means officer needs assistance
28 immediately. I put my radio back in and I attempted,

1 while I was screaming for inmate Barber to stop, stop,
2 you need to stop, I attempted to grab his hand and he
→ 3 spun around to his right trying, I would assume, trying
4 to hit me, came up with his elbow, so I took a step back.
5 I waited approximately another 30 seconds to try again,
6 and at the entire time he was still hitting Warfield in
7 the face and in the head.

8 I looked at the other officer that was present, and
9 I said we need help. Then I saw inmate Barber, off at
10 that time. Officer Warfield had slumped down, and inmate
11 Barber had reached around Officer Warfield from behind
12 him, and it appeared to me that he was going to try to
13 choke him. That's when I stuck my right arm through his
14 elbow I guess and hooked it.

15 THE COURT: Just a minute. "His" meaning?

16 THE WITNESS: Inmate Barber.

17 THE COURT: Go ahead.

18 THE WITNESS: And I put my left arm around his
19 back to try to pull him off.

20 THE COURT: "His" also meaning inmate Barber?

21 THE WITNESS: Inmate Barber. Excuse me, I'm
22 sorry. At which point I was able somewhat to get inmate
23 Barber to let go of Officer Warfield.

24 BY MR. FOY:

25 Q What did Inmate Barber do at the point once you
26 had him?

→ 27 A I was on his back, and I was touching the floor
28 at that time, because he was slumped over, he then stood

prelim

1 off and then I was completely off the floor. Inmate
2 Barber proceeded to slam me into a metal door, S-20 door,
3 approximately three times he slammed me.

4 Q When you say slam, were you still on his back?

5 A I was still on his back.

6 Q So how -- did he just walk back toward the wall
7 or what? How did he do that?

8 A When he stood up straight, he used his entire
9 weight and lunged back causing me to hit the door. The
10 third time that he did that, the mechanically locked door
11 actually popped open, which takes a great force to do.

12 Q What happened next?

13 A I looked over to my left, and ordered Officer
14 Chavira, to call for help again, and I pushed forward and
15 heard the doors lock behind me and that's when help
16 arrived.

17 Q Okay. Now, as a result of being slammed
18 against the door, did you receive any injuries?

19 A Yes, I did.

20 Q Please describe those injuries?

21 THE COURT: How do you spell Chavira?

22 THE WITNESS: Chavira, C-H-A-V-I-R-A, I believe.

23 THE COURT: -V-I-R-A?

24 THE WITNESS: I believe so.

25 THE COURT: Thank you. The question was
26 describe your injuries.

27 THE WITNESS: I received two bulging disks in my
28 lower neck at one to one and a half centimeters.

1 BY MR. FOY:

2 Q And has that caused any physical problems for
3 you?

4 A Unfortunately, yes. I have a disability due to
5 the injury causing tingling and numbness down my left
6 arm.

7 Q Does that continue to this day?

8 A Yes.

9 MR. FOY: No additional questions.

10 THE COURT: Cross?

11 CROSS-EXAMINATION

12 BY THE DEFENDANT:

13 Q You stated that I was slumped over and you got
14 on my back while I was slumped over?

15 A No.

16 Q You said you got on my back and I stood up
17 to -- I stood up with you on my back; is that correct?

18 A That's correct.

19 Q And you had my arm -- you stated that you had
20 my arm pinned behind me?

21 A No. I stated I grabbed your right arm and held
22 onto it.

23 Q So you were -- had my right arm, but I picked
24 you up on my back; is that fair to say?

25 A Yes. I said I had my left arm over your left
26 shoulder.

27 Q Oh. So may I ask you how much you weigh?

28 A At the time?

AMZ FAMILY PRACTICE

151 04/04/04 04:42P 04:42P
AMPARAN, GALE L2060-UC
153516

0014825859

DOB [REDACTED]
DOB 04/04/04 04:42P
SEX F ENC 153516
151-2060-UC - AMZ WITH NO

MRN: 00-0014825859

92405

DAY

DC= N

PERSONAL PHYSICIAN

SX= F

WI INJURY

HD GSUGI SPOKEN LANG: ENGLISH

INTERPR REQ: N IMAGDIFF=

☐ OUT OF REGION☐ NIGHT CLINIC☐ APT. HRS. SPEC. PROC.☐ MD-MENTOR

CHANGE

☐ NON-MEMBER ☐ WORK RELATED ☐ STATE AID

PROVIDER CODE: 04 PA

SERVICE CODE: 35 SURG PROC - SHORT

PROVIDER CODES:

01 MD

02 MD-RES

03 NP

04 PA

05 RN

09 DPM

23 INTERN

28 CA

54 PHARMACIST

72 ROOM

74 PROCEDURE

CODES:

16 VISIT-ADULT

23 PROBLEM VISIT

13 VISIT-CHILD

18 PE-ADULT/PRE-OP PE

25 RIGID SIGMOID

15 PE-PEDS

14 OBSTETRICS-NEW

35 SURG PROC - SHORT

20 PE-INFANT/WELL BARY

17 OBSTETRICS-RETURN

36 SURG PROC - LONG

27 HOLDING

19 NURSING PROCEDURE

24 UNPLANNED ADMIT

77 WH ONLY UNSCH

TALLY 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20
DATA

OD ADV WI

<SUPPLIES

X-RAY <>CXR/PA&LAT <>MAMMOGRAM

Rt. Hand And Wrist

LAB(CIRCLE IF STAT)<>RBS

<>CULT(THROAT)

<>CREAT <>PAP

<>CBC(W/OUT DIFF) <>FRS

<>STOOL OBL

<>K+

<>PREG TEST

<>PSA

<>HBA1C

<>CHOL/HDL

<>LYTES

<>WET MOUNT

<>UA

<>MICROALBUMIN

<>LIPID PROFILE

<>TSH

<>GC/CHLAM SWAB

<>GC/CHLAM URINE

INJECTABLES/MEDICATIONS/IMMUNIZATIONS (NOTE DOSAGE & ROUTE) <>PDRIX(0.5ML IM)

<>DTAP(0.5ML IM) <>PREVNAR(0.5ML IM) <>IPV(0.5ML SQ) <>MMR(0.5ML SQ)

<>VARICELLA(0.5ML SQ) <>HIB(0.5ML IM) <>COMVAX(0.5ML IM) <>HEP B(0.5ML IM)

<>HEP B(1.0ML IM) <>HEP A(0.5ML IM) <>HEP A(1.0ML IM) <>FLU(0.25ML IM)

<>FLU(0.5ML IM) <>PNEUMOVAX(0.5ML IM) <>TD(0.5 ML IM) <>PPD(0.1ML ID)

OTHER:

<>VIS GIVEN

SPECIAL PROCEDURES/OTHER <>EKG

PLEASE RETAIN THIS RECEIPT FOR TAX OR INSURANCE PURPOSES

Rt. hand inj - dryer fell on it

JFM5 AMZ 151-FAM04-000404-164307 07D0402R

04-04-04 16:43:09

2060-UC

153516

TOTAL DUE

15.00

PROVIDER SIGNATURE

SIGNATURE

FACU

AMZ

15.00



KAISER PERMANENTE.
FONTANA MEDICAL CENTER
DIAGNOSTIC IMAGING

AMPARAN, GALE L

Patient Name: AMPARAN, GALE L

MRN (FON) [REDACTED]

Exam: (FON) DEXA BONE DENSITY HIP AND
SPINE

Scheduled On: 1/24/2006 at 09:30AM

Location: DEXA2

DEXA BONE DENSITY SCAN - LOCATED ON THE 4TH FLOOR OF MOB 2

REPORT TO: The Diagnostic Imaging (X-Ray Department) in Medical Office Building 2 (MOB 2) 4th floor at the Fontana Medical Center.

ABOUT YOUR EXAM

A Bone Density Scan is a type of exam that measures your bone mineral density. Measures are taken at certain points in your body. The results let your Doctor know about your bone strength.

BEFORE THE EXAM

* You should not be pregnant for this exam. If you are pregnant - or there is a chance you are pregnant, please call us right away at the number listed below.

* Call the number below if you have had a CT, Upper GI, or BE exam in the last 7 days. If so, your scan date will need to be changed.

DON'T FORGET

* Please do not bring any children with you. Children are not allowed in the exam rooms. And for safety reasons, children may not be left alone in the waiting room.

* If you are under 18 years of age and are not married, a parent or legal guardian must come with you.

* Be sure to arrive 15 minutes BEFORE your exam time.

* Do not bring items of value. We do not accept responsibility for loss or damage.

TO CHANGE YOUR EXAM DATE

* Call us 1 or 2 days in advance - to cancel or change your exam date.

If you have any questions please call us at [REDACTED] 4, Monday – Friday, between the hours of 8:30a.m. and 4:30 p.m.

Requesting MD: SUGIMOTO, GARY DWAYNE, M.D.

BACBEN # 0503390152
W.H.D.C. S-D-B
9500 N. ETLAND AVE.
RANCHO CALAMONCA CA 91739

FIRST
CLASS

PRE-SORTED
FIRST CLASS



743

RECEIVED

MAR 18 2008

RICHARD W. WIEKING
CLERK, U.S. DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

U.S. BUREAU OF PRISON
450 GOLDEN GATE AVE
P.O. Box 36137
SAN FRANCISCO CA 94101

RECEIVED